09076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 35
LENGTH OF STAY (in this place) 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN X
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Samuel (Last) Bishop
4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 11-2-1911
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Aberdeen P. Ground
11. BIRTHPLACE (State or foreign country) Virginia 43
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James L Bishop
14. MOTHER'S MAIDEN NAME Bertie L Bedwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-22-0227
17. INFORMANT AND ADDRESS Mrs Anna Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

545X

Immediate cause (a) Acute Pancreatitis — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Duodenal obstruction — 5 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer.

19a. DATE OF OPERATION Aug 20 1953
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Sept, 1953, that I last saw the deceased alive on Sept 2, 19....., and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Horky MD ADDRESS Churchville Md DATE SIGNED Sept 2

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 4th 1953
NAME OF CEMETERY OR CREMATORY Churchville Presbyterian
LOCATION (City, town, or county) Churchville, Harford (State) Md

DATE REC'D BY LOCAL REG. Sept. 4-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR W H Archer ADDRESS Bel Air-Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09077

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 5 hrs. 20 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Breeden

4. DATE OF DEATH: (Month) Sept. (Day) 4. (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 3 1953

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 5 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Breeden

14. MOTHER'S MAIDEN NAME: Ann May Harmen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records (Havre de Grace)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PREMATURITY

776X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1953, to 9/4, 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 2 20 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Harmen (Degree or title) MD — ADDRESS Havre de Grace — DATE SIGNED 9-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/4/53 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Maryland

DATE REC'D BY LOCAL REG. Sept. 4 - 1953 — REGISTRAR'S SIGNATURE G. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS Havre de Grace, Maryland.

2093202321

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09078

Reg. Dist. No. 181

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. AT

1. PLACE OF DEATH:
COUNTY Harford, ~~[illegible]~~ MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Grounds 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun 07X-2
STREET ADDRESS (If rural give location) RURAL.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Burkins

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 25 JUNE 1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: OLIVER BLAKELEY
14. MOTHER'S MAIDEN NAME: ELSIE CURRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-12-6276
17. INFORMANT & ADDRESS: PFC. William D. BURKINS, RISING SUN, MD. (RURAL)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Metastatic carcinoma — Interval Between Onset And Death: 2½ yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adenocarcinoma of the breast — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1953, to Sept. 22, 1953, that I last saw the deceased alive on Sept. 22, 1953, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Peter P. Mayock Lt MC
ADDRESS 2151-1 ASU, USAH, APG Md.
DATE SIGNED Sept 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 22 SEPT 1953
NAME OF CEMETERY OR CREMATORY West Nottingham Cem.
LOCATION (City, town, or county) COLORA, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 22-1953
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

RECEIVED
SEP 28 1953
BUREAU V. S.

Item 7 to MARRIED: film G161 2-24-54 L

MARYLAND STATE DEPARTMENT OF HEALTH

09079

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Pylesville X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville (rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucien (Middle) B (Last) Calwell Jr.

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 4, 1920

9. AGE last birthday: 32 yrs. If under 1 year: Months 9, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Experimental work

10b. KIND OF BUSINESS OR INDUSTRY: Army Chemical Center

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Lucien B. Calwell, Sr.

14. MOTHER'S MAIDEN NAME: Rosalie V. Lenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lucien B. Calwell Sr, Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull

816X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN) Pylesville (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11:40 PM 9/18/53

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident, auto-obj type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 9/19

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 22, 1953

NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens

LOCATION (City, town, or county) (State): Bel Air, Harford Co. Md

DATE REC'D BY LOCAL REG.: 9.21.53

REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Martin S. Kurtz, Jarrettsville, Md.

ADDRESS

VS. A15A

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09080

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD
LENGTH OF STAY (in this place) 48 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) EDWARD (Last) CANTLER

4. DATE OF DEATH: (Month) 9 - (Day) 4 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: MAR. 29, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE MANUF.
11. BIRTHPLACE (State or foreign country): WHITEFORD, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES N. CANTLER
14. MOTHER'S MAIDEN NAME: SARAH E. GARVINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-01-0829
17. INFORMANT & ADDRESS: ROY E. CANTLER, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

502.1

Immediate cause (a) Myocardial Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cor Pulmonare

DUE TO

(c) Chronic Bronchitis & Bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1953, to Sept 4, 1953 that I last saw the deceased alive on Sept 3 1953 and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE Jonath Albert (Degree or title) M.P. ADDRESS Delta Pa. DATE SIGNED 9/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9-7-53
NAME OF CEMETERY OR CREMATORY MT. OLIVET
LOCATION (City, town, or county) YORK CO. (State) PA.

DATE REC'D BY LOCAL REGISTRAR 9-6-53
REGISTRAR'S SIGNATURE Priscilla Lonwood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09081

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Cross Roads
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Cross Roads
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Naomi (Middle) Vivian (Last) Carlton

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 24-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baldwin North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob Houck
14. MOTHER'S MAIDEN NAME: Catherine Burkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wm E. Carlton Baldwin Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] - Hemorrhage — Interval Between Onset And Death 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) [illegible] Cardiovascular Dis.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Sept. 21, 1953, that I last saw the deceased alive on 9/21, 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 23-53
NAME OF CEMETERY OR CREMATORY Upper Cross Baptist.
LOCATION (City, town, or county) Upper Cross Roads (State) Harford Md
DATE REC'D BY LOCAL REGISTRAR 9-22-53
REGISTRAR'S SIGNATURE Priscilla Lowvorl
24. FUNERAL DIRECTOR Martin G. Kurtz Jarrettsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18-5

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Havre-de-Grace — LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carneys Point.
STREET ADDRESS (If rural, give location) 17 Lincoln St.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) May (Last) Clark.

4. DATE OF DEATH: (Month) 9 (Day) 19th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-3-1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Keller.

14. MOTHER'S MAIDEN NAME: Mary B. Branemon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Willard H. Clark (address above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) diabetes, nephritis,
(c) & cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH: one day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE: C. J. Simin (Degree or title) M. D. ADDRESS Havre de Grace Md. DATE SIGNED 9-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/23/1953 — NAME OF CEMETERY OR CREMATORY: Lawnside Cemetery — LOCATION (City, town, or county) (State): Woodstown, N.J.

DATE REC'D BY LOCAL REG. Sept 20 1953 — REGISTRAR'S SIGNATURE: H. L. Lewis M.D.

24. FUNERAL DIRECTOR — ADDRESS: Woodstown N.J.

RECEIVED
SEP 24 1933
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin (rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Guy	S.	Dalton	Sept.	26	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	9-25-1[illegible]3	80 yrs.		4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical	Retired	Upper Rocks, Harford Co. Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. T. Dalton	Annie L. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes World War I		Harvey L. Dalton, Baldwin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis.	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease.	[illegible] years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 12, 19[illegible], to Sept. 2[illegible], 19[illegible], that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Barker	M.D.	Forest Hill, Maryland.	9-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 30, 1953	St Johns Catholic	Long Green, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-29-53	Priscilla Lowood	Martin G. Kurtz	Garrettsville, Md.

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OCT 6
BUREAU V. S.

Film #G-158 Item No. 9 10/14/53 end

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
LENGTH OF STAY (in this place) X Hoyens
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md
STREET ADDRESS X (If rural give location)

3. NAME OF DECEASED: (First) HAROLD (Middle) Herbert (Last) DAVIS (Type or Print)

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8 1894

9. AGE Last birthday: XXXX 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): all Kinds

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Phila Pa 3

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: V Davis

14. MOTHER'S MAIDEN NAME: Annie Simms

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 218-09-6066

17. INFORMANT & ADDRESS: Edwin A Davis Belair 4 N. Bond St

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocardial Infarction	12 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary artery thrombosis	12 hrs
	(c) DUE TO Arteriosclerotic heart disease	1 yr.
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1953, to 9/29, 1953, that I last saw the deceased alive on 9/29, 1953, and that death occurred at 2.30 PM, from the causes and on the date stated above.

SIGNATURE Paul L Stonesifer Jr. (Degree or title) M.D. ADDRESS 615 Hickory Ave. Bel Air Md DATE SIGNED 9/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-3-53 NAME OF CEMETERY OR CREMATORY Fair View LOCATION (City, town, or county) Harford Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 10-3-53 REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR Joseph T Hanlon Belair Md ADDRESS

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OCT 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchville — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchville X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Reginald (First) Clare (Middle) Davis (Last)
4. DATE OF DEATH: Sept (Month) 1 (Day) 1953 (Year)
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 14, 1899
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer or Dairy
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Grayson Co Va
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Felix C Davis
14. MOTHER'S MAIDEN NAME: Norris Niess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): N
16. SOCIAL SECURITY NO.: 224-24-9784
17. INFORMANT AND ADDRESS: Mr Wm Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Aberdeen Md RD 2

421.1

Immediate cause (a) Acute Pulmonary Odema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Stenosis — 8 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spotted Fever — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Sept, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Ralph Hockey MD — ADDRESS: Churchville Md — DATE SIGNED: Sept 2

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: Sept 5, 1953 — NAME OF CEMETERY OR CREMATORY: Franklin Cem — LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG.: Sept 4, '53 — REGISTRAR'S SIGNATURE: Bernice B. Knight — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilna (rural) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilna (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) Rachel (Last) FISHEL

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed 8. DATE OF BIRTH: Nov. 11, 1863 9. AGE last birthday: 89 yrs. If UNDER 1 YEAR: Months 9 Days 27 If UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Parkton, Balto. Co. Md 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Euson 14. MOTHER'S MAIDEN NAME: Julia Shaul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: Ralph Barnett, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr. hypertensive Cardio-Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1953, to Sept 7, 1953 that I last saw the deceased alive on Sept 6, 1953, and that death occurred at 8.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P Hudson M.D. ADDRESS Forest Hill DATE SIGNED 9/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 11, 1953 NAME OF CEMETERY OR CREMATORY Wiseburg LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9-8-53 REGISTRAR'S SIGNATURE Priscilla Fonwood 24. FUNERAL DIRECTOR Martin L. Kurtz, Jarrettsville, Md. ADDRESS

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18-

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: HARFORD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE DE GRACE
LENGTH OF STAY (in this place): 14 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE DE GRACE
STREET ADDRESS (If rural, give location): 145 BLOOMSBURY

3. NAME OF DECEASED (Type or Print): (First) LOLA (Middle) FRANCES (Last) JAMISON

4. DATE OF DEATH: (Month) SEPT (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 5-24-51

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Barnwell Co S.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Carl Morris Jamison

14. MOTHER'S MAIDEN NAME: Mary Frances Hutto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT AND ADDRESS: Carl Morris Jamison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) DEHYDRATION	24 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GASTRO-ENTERITIS WITH SEVERE DIARRHEA	72 HOURS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: MONGOLISM WITH CONGENITAL CARDIAC DEFECT

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 SEPT, 1953, to 27 SEPT, 1953, that I last saw the deceased alive on 27 SEPT, 1953, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title): M.D. ADDRESS: Havre de Grace Md. DATE SIGNED: 9-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Interment — DATE THEREOF: Sept. 30 1953 — NAME OF CEMETERY OR CREMATORY: Fidahrance — LOCATION (City, town, or county): Barnwell Co. — (State): S.C.

DATE REC'D BY LOCAL REG.: Sept 28-53 — REGISTRAR'S SIGNATURE: J. F. Lewis M.D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

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1953
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Edmund St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 206 Edmund St.

3. NAME OF DECEASED (Type or Print) (First) Rudolph (Middle) Z. (Last) Kelly
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 28 Aug 1878
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool and Die Maker.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt. retired
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Ross
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Chas. J. Kelly - Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331 X	Immediate cause	(a) Cerebral Haemorrhage	1½ days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	6 mo.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 12:50 A.M. from the causes and on the date stated above.

SIGNATURE Peter P. Bodman M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 9-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/21/53
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen, Md. (State)

DATE REC'D BY LOCAL REG. Sept 21-53
REGISTRAR'S SIGNATURE Nellie R. Ferry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

RECEIVED
SEP 24 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bel Air Rural
LENGTH OF STAY (In this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Roby (Middle) (Last) Kilby

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Mar 15-1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Marion Va (R.D.)

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thornton Kilby

14. MOTHER'S MAIDEN NAME: Miralda Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John H Kilby Bel Air (RD 2) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	24 HOURS.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CONGESTIVE HEART FAILURE	1 YEAR.
	DUE TO (c) ARTERIOSCLEROSIS ADVANCED	1 YEAR

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to 20 Sept, 1953, that I last saw the deceased alive on 19 Sept, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE H. P. Sidwell (Degree or title) MD. ADDRESS Bel Air, Md DATE SIGNED 21 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 22/53 — NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens — LOCATION (City, town, or county) (State) Bel Air, Md (Harford)

DATE REC'D BY LOCAL REGISTRAR 9-21-53 — REGISTRAR'S SIGNATURE Priscilla Fonwood — 24. FUNERAL DIRECTOR Joseph J Foster — ADDRESS Bel Air Md

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (10)

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood X

LENGTH OF STAY (in this place): 60 yrs.,

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) W. (Last) Litchfield

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	White	Married	March 17, 1880	73 yrs.	Months / Days	Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Automobile	Pennsylvania 30	U.S.A.

13. FATHER'S NAME: George W. Litchfield

14. MOTHER'S MAIDEN NAME: Elizabeth Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no			George R. Litchfield, Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41X

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 15 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Aortic Stenosis — 6 yrs.

DUE TO (c) Arteriosclerotic C.V. Disease — yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 1953, to Sept. 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 6:30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Arley M.D. ADDRESS Churchville DATE SIGNED Sept 17

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 20, 1953	Trinity Lutheran	Joppa, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Sept 20 1953	Mame M Mondodale	Howard K. Mc Comas & Son	Abingdon, Md.

VS. A1 (1)

RECEIVED
SEP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [illegible] of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 155

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS (If rural, give location) Rd # 2

3. NAME OF DECEASED (Type or Print) (First) Lyman (Middle) Tiffany (Last) Perry
4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-3-78
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Perry
14. MOTHER'S MAIDEN NAME Isabelle Tiffany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Infarction, Bilateral	Terminal
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	2 years
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uraemia 2 wk

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept 25, 1953, that I last saw the deceased alive on Sept 25 1953 and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Aberdeen Md. DATE SIGNED 9-27-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/29/53
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Darlington, Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Havre de Grace, Md.

RECEIVED
1 5 1953
BUREAU V. S.

Item 8 Film G158 4/10/53 mat.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 - Swan Creek. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
STREET ADDRESS (If rural, give location) #1 - Swan Creek.

3. NAME OF DECEASED (Type or Print) (First) Wilton (Middle) Roy (Last) Preston
4. DATE OF DEATH (Month) Sept. (Day) 6th (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-Sept. 1890
9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William T. Preston
14. MOTHER'S MAIDEN NAME Josephine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frances T. Preston - Havre de Grace #1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1952, to Sept 5, 1953, that I last saw the deceased alive on Sept 5, 1953 and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 9-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 9-1953
NAME OF CEMETERY OR CREMATORY Angle Hill Cemetery
LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 8-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR John E. Tarring ADDRESS Aberdeen, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 14 [illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) M (Last) SMITHSON

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 1883

9. AGE last birthday 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick Nelson

14. MOTHER'S MAIDEN NAME Effie Michel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Preston Smithson Bel-Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis of Peritoneum

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) None

(c) None

INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION Oct. 1947

19b. MAJOR FINDINGS OF OPERATION Tuberculosis of Peritoneum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1947, to Sept. 28 1953, that I last saw the deceased alive on Sept. 27 1953, and that death occurred at 4:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md. DATE SIGNED 9/28/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ Burial

DATE THEREOF Sept 30 1953

NAME OF CEMETERY OR CREMATORY Hosanna Cem

LOCATION (City, town, or county) (State) Perryman Harford Co Md

DATE REC'D BY LOCAL REG. Sept 30 1953

REGISTRAR'S SIGNATURE Priscilla Foxwood

24. FUNERAL DIRECTOR H. L. Bailey ADDRESS Darlington, Md.

RECEIVED
OCT 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.1

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Bel-air Rural
LENGTH OF STAY in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air Rural
STREET ADDRESS (If rural give location) Sandy Hook

3. NAME OF DECEASED: (Type or Print) (First) EUNA (Middle) Lee (Last) TAYSON

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Oct. 17 1889 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work at Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madison Co, Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marcellus Shotwell

14. MOTHER'S MAIDEN NAME: Annie Hobbs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Leander Tayson

18. MEDICAL CERTIFICATION — Bel-air, Md. R.D. 1

Interval Between Onset And Death

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY THROMBOSIS — Vascular

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art hypertensive Cardio-Renal Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rt Sided hemiplegia 10 yrs duration - due to Cerebral Hemorrhage

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1952, to Sept 15, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 8:30 pm, from the causes and on the date stated above.

SIGNATURE Millard F. Hudson (Degree or title) M.D ADDRESS Forest Hill Md DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 18 1953 | NAME OF CEMETERY OR CREMATORY Mt Zion Cem | LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept 17, 1953 | REGISTRAR'S SIGNATURE Priscilla Fawcett

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2 Webster

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural #2
STREET ADDRESS (If rural, give location) Webster

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) Bell (Last) Tollenger

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9-15-1871

9. AGE Last birthday 82 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Alfred Taylor

14. MOTHER'S MAIDEN NAME Martha Doe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Weldon E. Tollenger - Stamford Conn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency

Antecedent cause(s) (b) Chronic Myocarditis - Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1952 to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953 and that death occurred at 5-0 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 9-22-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial DATE 9/23/53 NAME OF CEMETERY OR CREMATORY Deer Park Cemetery LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Sept 22 53 REGISTRAR'S SIGNATURE Berna B. Knight

24. FUNERAL DIRECTOR John G. Fanning ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09096

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford COUNTY Maryland MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 35

LENGTH OF STAY (in this place) 75 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Harford COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 35

STREET ADDRESS (If rural give location) 515 Green

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Warner

4. DATE OF DEATH: (Month) (Day) (Year) 9/21/53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3/17/1861

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House keeper, retired

10b. KIND OF BUSINESS OR INDUSTRY: Seneca Family

11. BIRTHPLACE (State or foreign country): Scotland 56

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Clifford Sharp, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.0

Immediate cause (a) Fracture left Femur "Hip"

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Cardiovascular Disease

DUE TO

(c) Carbuncle Toxemia.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fall at home

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home.

(CITY OR TOWN) (COUNTY) (STATE) Havre de Grace Harford Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 19 1953 9 a.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from ....., 1953, to 9/21, 1953, that I last saw the deceased alive on 9/21 1953 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J Foley M.D.

ADDRESS Havre de Grace Md.

DATE SIGNED 9/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/23/53

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 23-1953

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Cunningham & Son

ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09097

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Puroy (Middle) Wilt (Last)
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec. 21, 1913
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Calvin Wilt
14. MOTHER'S MAIDEN NAME Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-05-6176
17. INFORMANT AND ADDRESS Mrs. Ruth R. Wilt, Joppa Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental Drowning —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Bush River (CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 9/4/53 (Day) (Year) 9P (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Pel Air Md 9/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 9, 1953
NAME OF CEMETERY OR CREMATORY Bryansville,
LOCATION (City, town, or county) Bryansville, York Co., (State) Pa.

DATE REC'D BY LOCAL REG. Sept 9 1953
REGISTRAR'S SIGNATURE Marie M. Monlsdale
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1953
BUREAU V. S.